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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	SY01105K1QKQK
	First Named Inventor	Mark D. Cochran
	COMPLETE IF KNOWN	
	Application Number	09 / 881,457
	Filing Date	June 14, 2001
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL AVIAN HERPES VIRUS AND USES THEREOF

the specification of which (Title of the invention)
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 06/14/2001 as United States Application Number or PCT International Application Number 09/881,457 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

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[Page 1 of 2]

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

24265

OR

☐ Registered practitioner(s) name/registration number listed below

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Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number
or Bar Code Label

24265

OR ☐ Correspondence address below

Name	Michael D. Davis, Reg. No. 39,161					
Address						
Address						
City		State		ZIP		
Country		Telephone	(908) 298-2194		Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname					
Mark D.		Cochran					
Inventor's Signature				Date	7/8/94		
Residence: City	Carlsbad	State	CA	Country	USA	Citizenship	USA
Post Office Address	4506 Horizon Drive						
Post Office Address							
City	Carlsbad	State	CA	ZIP	92008	Country	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephanie M.		Cook	
Inventor's Signature		Date	
Residence: City Omaha	State NE	Country USA	Citizenship USA
Mailing Address 14124 Parker Street			
Mailing Address			
City Omaha	State NE	ZIP 68154	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Martha A.		Wild	
Inventor's Signature		Date	
Residence: City San Diego	State CA	Country USA	Citizenship USA
Mailing Address 2414 San Marcos Avenue			
Mailing Address			
City San Diego	State CA	ZIP 92104	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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	Application Number	09 / 881,457
	Filing Date	June 14, 2001
	Group Art Unit	
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☐ OR
☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

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Direct all correspondence to: ☒ Customer Number 24265 OR ☐ Correspondence address below

Name	Michael D. Davis, Reg. No. 39,161				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-2194		Fax (908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Mark D.				Cochran			
Inventor's Signature						Date	
Residence: City	Carlsbad	State	CA	Country	USA	Citizenship	USA
Post Office Address	4506 Horizon Drive						
Post Office Address							
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Given Name (first and middle [if any])		Family Name or Surname	
Stephanie M.		Cook	
Inventor's Signature <i>Stephanie M Cook</i>		Date 7/8/04	
Residence: City Omaha	State NE	Country USA	Citizenship USA
Mailing Address 14124 Parker Street			
Mailing Address			
City Omaha	State NE	ZIP 68154	Country USA
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Martha A.		Wild	
Inventor's Signature		Date	
Residence: City San Diego	State CA	Country USA	Citizenship USA
Mailing Address 2414 San Marcos Avenue			
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Address						
Address						
City		State		ZIP		
Country		Telephone	(908) 298-2194		Fax	(908) 298-5388

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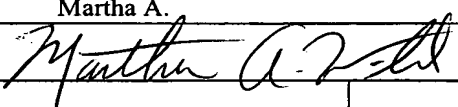


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Given Name (first and middle [if any])		Family Name or Surname	
Stephanie M.		Cook	
Inventor's Signature			Date
Residence: City Omaha	State NE	Country USA	Citizenship USA
Mailing Address 14124 Parker Street			
Mailing Address			
City Omaha	State NE	ZIP 68154	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Martha A.		Wild	
Inventor's Signature 			Date 7/8/04
Residence: City San Diego	State CA	Country USA	Citizenship USA
Mailing Address 2414 San Marcos Avenue			
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